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Item 5 of the provisional agenda*

Draft country programme document**

Ghana

Summary

The Executive Director presents the draft country programme document for Ghana for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $18,600,000 from regular resources, subject to the availability of funds, and $56,400,000 in other resources, subject to the availability of specific purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

05-29348 (E) 250405

Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	9.8
U5MR (per 1,000 live births)	95
Underweight (%, moderate and severe, 1998)	25
Maternal mortality ratio (per 100,000 live births, 1980)	210
Primary school enrolment (% net, male/female, 1998/1999, 2001/2002)	74/74, 61/59
Primary schoolchildren reaching grade 5 (%, 1999/2000)	66
Use of improved drinking water sources (%, 2002)	79
Adult HIV prevalence rate (%, end 2003)	3.1
Child work (%, 5-14 years old)	57
GNI per capita (US$)	320
One-year-olds immunized against DPT3 (%)	80
One-year-olds immunized against measles (%)	80

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Although situated in a region characterized by civil strife and political unrest, Ghana has enjoyed more than two decades of relative peace and has experienced significant progress in democratic governance. Since the promulgation of its 1992 Constitution, there have been appreciable improvements in the guarantees of human rights and civil liberties. Political parties compete in a relatively stable environment. The peaceful presidential and parliamentary election held in December 2004 saw the incumbent party win the poll.

2. The Government's ongoing socio-economic reform process has improved macroeconomic stability and enabled an economic growth rate of 5.2 per cent in 2003, against a target of 4.7 per cent. The challenge is to translate the benefits of growth into greater poverty reduction and improved social indicators. An estimated 44 per cent of the population live on less than one dollar per day, with 68 per cent of these living in the three northern regions, although there are pockets of poverty throughout the country. The Government's priorities are human resource development, private sector development and good governance. The country met its Heavily Indebted Poor Countries completion points requirements in July 2004.

3. With an annual growth rate of 2.7 per cent, Ghana's projected population in 2005 is 21.6 million, of whom 50.5 per cent are women and girls. The 2003 Ghana Demographic and Health Survey (GDHS) reported the infant mortality rate (IMR) and the under-five mortality rate (U5MR) to be 64 and 111 per 1,000 live births respectively, compared to 57 and 108 respectively as found in the 1998 GDHS. There are regional and rural/urban differentials.

4. The main causes of childhood deaths are malaria, respiratory infections, diarrhoea and malnutrition. Only 3.5 per cent of children under five years of age sleep under insecticide-treated bednets. The immunization coverage rate increased from 62 per cent of children fully immunized in 1998 to 67 per cent in 2003. After two years of no reported polio cases, eight imported cases were reported in 2003.

Although no cases have been reported since 2003, as part of the regional effort towards polio eradication, Ghana conducts intensive National Immunization Days that are synchronized with other countries of the subregion.

5. Results from the 2003 GDHS indicated that the proportion of children under five years with stunted growth increased marginally from 26 per cent in 1998 to 30 per cent in 2003, with 11 per cent severely stunted. Malnutrition is attributed to seasonal food availability and poor child feeding practices. Children have multiple micronutrient deficiencies. Only 44 per cent of salt for human consumption is iodized. Seventy-six per cent of children aged 6-59 months have some level of anaemia, with 47 per cent moderately and 6 per cent severely anaemic.

6. Lack of access to safe drinking water and sanitation is directly linked to child morbidity and mortality. Only 46 per cent of the rural population have access to safe drinking water. The rate for rural sanitation coverage is only 28 per cent and interventions tend to be highly subsidized and difficult to replicate and sustain at scale.

7. In 2004, Ghana reported more cases of dracunculiasis (guinea worm disease) than any other country worldwide. Infestation increased from 4,730 cases in 2001 to 8,290 in 2003. The increase was related to poor surveillance and case containment and a lack of safe water. Intensive actions to address the situation commenced in 2004, and during the last quarter of the year there were indications of a reversal of the trend with a 14-per-cent reduction in the number of cases compared to 2003.

8. In 2004, the Government adopted a comprehensive policy on early childhood development that aims to deliver pre-school education services to all children aged four to five years. In the 2003-2004 academic year, 54 per cent of this age group were reached. Although the push for coverage is commendable, a major challenge is to ensure the quality of the services.

9. The gross enrolment rate for primary school increased from 78.3 per cent in 2000-2001 to 86.3 per cent in 2003-2004, and for junior secondary school from 62.1 to 70.2 per cent in the same period. Gender parity indices increased slightly from 0.91 to 0.92 at the primary level over the same period, with a marginal fall from 0.89 to 0.88 at the junior secondary level. Completion rates for the primary level improved from 68.9 to 77.9 per cent between 2000-2001 and 2003-2004. The literacy rate for females is 42 per cent, compared to 66 per cent for males.

10. Among the immediate and underlying causes of poor performance in the education sector are a shortage of school facilities, unaffordable school fees, childhood disabilities, malnutrition, the disease and parasite burden of school children, weak institutional arrangements for implementation, insufficiently trained teachers and unintended exclusion of vulnerable groups.

11. The HIV prevalence rate increased from 2.3 to 3.6 per cent between 2000 and 2003. Peak ages for HIV infection are 25-29 years for women and 30-34 years for men. Fifty-eight per cent of all reported cases are female and 3-5 per cent of reported cases are among children under age 15. As of 2004, 2,000 people living with HIV/AIDS receive antiretroviral (ARV) treatment. The need for detection, treatment and care of HIV-positive children has only recently been raised. There are about 204,000 children orphaned by AIDS. The most common immediate determinants of HIV/AIDS are heterosexual contact (80 per cent) and mother-to-child transmission (15 per cent). The underlying factors are the slow rate of

behavioural change, stigma and discrimination, low status of women, socio-cultural practices and limited access to services.

12. Ghana was the first country to ratify the Convention on the Rights of the Child and its principles influenced the fourth Republican Constitution (1992). The country has submitted two reports to the Committee on the Rights of the Child but the second report, submitted in 2004, has yet to be reviewed by the Committee. The Government has enacted legislation to ensure that children are protected in accordance with international standards, specifically the Criminal Code (Amendment) Act 1998, the Children's Act 1998 and the Juvenile Justice Act 2003.

13. Internal and cross-border trafficking of children occurs but the extent of the problem is unknown and the Department of Social Welfare has only a limited capacity to deal with trafficking. The 2003 Ghana Child Labour Survey reported that 2 million children aged 5-17 years are working. About 33,000 children live on the streets, 71 per cent of whom are illiterate, and many are victims of commercial sex and exploitation. Sexual abuse of children in schools has been documented. In 1998, the Ghana Police Service established the Women and Juvenile Unit to address cases of abuse, violence and defilement of women and children. The Unit's services are available at four centres but it lacks the financial and human capacities to extend services to regional and district levels. Harmful traditional practices, in some parts of the country, include female genital mutilation and the misuse of fosterage systems in a manner that violates children's rights. The birth registration rate rose from 17 to 50 per cent between 2002 and 2004.

Key results and lessons learned from previous cooperation, 2001-2005

14. Since 2002, UNICEF has supported fully the Upper East Region and partially the Northern Region in applying the Accelerated Child Survival and Development (ACSD) approach to scale up the delivery of a high-impact, integrated package of cost-effective interventions to reduce child morbidity and mortality. Key elements include antenatal care, the expanded programme on immunization (EPI) and the Integrated Management of Childhood Illness (IMCI). The approach was implemented by the Ghana Health Service (GHS) in collaboration with non-governmental organizations (NGOs) and research institutions. ACSD is recognized as one of the factors contributing to the sharp reduction in U5MR in Upper East Region from 155 per 1,000 live births reported in the 1998 GDHS to 79 in the 2003 GDHS. The GDHS reports for the same years also indicate a drop in IMR from 83 to 33 per 1,000 live births in the region. This progress is reported against the backdrop of an increase nationally in IMR and U5MR reported in the 2003 GDHS. In late 2004, the Ministry of Health and health development partners adopted ACSD as a national approach to achieve the child survival Millennium Development Goals. The scaling-up of the approach will form the core of UNICEF support to improve child survival and development.

15. UNICEF, in close collaboration with the World Bank, the United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID), supported the Ministry of Education in undertaking a comprehensive review of the sector. This formed the basis for the national Education Strategic Plan for 2003-2015, which outlines key strategies for

achieving education-related Millennium Development Goals. The same partnership supported the Government in developing Ghana's plan for the Education for All/Fast Track Initiative, which has already brought an allocation of $8 million to the country. UNICEF piloted school mapping and the development of operational district education plans, which were adopted for nationwide replication. Of 110 districts in Ghana's 10 regions, 105 either completed or are in the process of developing education plans; UNICEF supported this work in 88 districts. The mapping of disparities within districts contributed to improved prioritization and rational utilization of resources, as well as quality improvement and use of education data at local levels.

16. The Government's approval of the 2004 national early childhood policy, developed with UNICEF support, sets the vision for a systematic and sustainable expansion of services and the establishment of standards, a curriculum and indicators for children aged four to five years.

17. Through a partnership initiated by UNICEF and the Government, birth registration coverage jumped from 17 per cent in 2002 to 50 per cent by end of November 2004. Partners included the Birth and Death Registrar, the Ghana Statistical Service (GSS), the GHS, the United Nations Population Fund (UNFPA) and PLAN. UNICEF provided substantial technical and logistical support to the Registrar and facilitated the successful integration of registration into the Ministry of Health's Child Health Promotion Week.

18. Substantial progress was made in supporting national policy and strategy development in the area of child protection. UNICEF gradually shifted from small, often charity-based projects towards supporting the Government's strategy and policy development. In collaboration with the World Bank and DFID, UNICEF is supporting the introduction of a national Social Protection Strategy, which is expected to provide guidance for targeting of social services to Ghana's most vulnerable populations. This strategy will feed into the revised Ghana Poverty Reduction Strategy (GPRS) for 2006-2008, and form the basis for UNICEF cooperation.

19. Major strides were made in supporting GSS and the National Development and Planning Commission in the establishment of a national database, *GhanaInfo*, to ensure regular monitoring of the GPRS and indicators for the Millennium Development Goals. UNICEF played the lead role within the United Nations country team in ensuring that the database is operational at the national level and that plans were developed for rolling it out to regional and districts levels.

Lessons learned

20. By adopting an intersectoral, results-based approach with clear a vision and targets, positive progress was achieved in such areas as birth registration, ACSD and girls' education. The approach facilitated advocacy and enhanced partnerships.

21. UNICEF was successful in bringing its local-level experiences and models for policy and strategy development in a number of areas, including school mapping and district educational plans, ACSD and the HIV/AIDS District Response Initiative, to national level. Key ingredients to the process of bringing demonstration projects to replication include strong collaboration with the Government in the design of models; good baselines; careful monitoring and

documentation; persistent attention to issues of sustainability; and evidence-based advocacy with both government and development partners.

22. Active participation in sector-wide approaches (SWAps) in health and education, in harmonization and alignment processes such as the Multi-Donor Budget Support framework, and in global funds provided opportunities to place children's issues in national policy dialogues and budgeting processes, including leveraging of resources. Experiences with new trends in development assistance and the redefinition of partnerships between the Government and donors point to the emergence of new roles for UNICEF and the United Nations system. Linked to this is the need to develop stronger staff competencies to engage strategically in policy, budget and technical discussions.

The country programme, 2006-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	6 000	32 500	38 500
Education	4 000	12 000	16 000
Protection	3 000	10 000	13 000
Advocacy, communication, monitoring and analysis	2 100	1 900	4 000
Cross-sectoral costs	3 500	—	3 500
Total	**18 600**	**56 400**	**75 000**

Preparation process

23. The development of the country programme began with studies that addressed information gaps to inform the Common Country Assessment (CCA). The consultative processes for preparation of the CCA and the United Nations Development Assistance Framework (UNDAF) involved relevant government ministries, the United Nations system, development partners, civil society, universities and research institutions. The processes were led by the Ministry of Finance and Economic Planning.

24. UNICEF played major roles in all the processes. In the CCA preparation, it led the thematic group on vulnerability and protection and provided substantial input in the areas of education, health, nutrition and water and sanitation. The CCA led to the identification of the UNDAF priorities. Dialogue on the 2006-2010 country programme of cooperation formed part of the 2004 annual review with a wide range of partners. The UNDAF results matrices and the country programmes of UNICEF, the United Nations Development Programme (UNDP), UNFPA and the World Food Programme (WFP) were reviewed and adopted during the Joint Strategy Meeting in January 2005.

Goals, key results and strategies

25. The overall goal of the country programme is to support the Government in realizing the survival, development, protection and participation rights of children and to create an enabling environment to strengthen accountabilities for children.

26. The country programme of cooperation will contribute to the achievement of the following key results which are in line with the GPRS, the UNDAF, the Education Strategic Plan, and/or the Ministry of Health's Programme of Work.

27. The health and nutrition programme component will contribute to the following results. By the end of 2006, all salt will be iodized, Ghana will be declared polio free and the transmission of guinea worm will be broken. By the end of 2009, Ghana will be certified as free of guinea worm disease. By the end of 2010: (a) the ACSD model will be implemented and supported by government and development partners as a national strategy, and contribute to the reduction of U5MR and child malnutrition (underweight) at the rate established in the 2006-2008 GPRS; (b) the ASCD model will be fully implemented in two of the most deprived regions, and U5MR will be reduced by 35 per cent and child malnutrition (underweight) by 20 per cent in these regions; (c) prevention of mother-to-child transmission of HIV (PMTCT) will be implemented nationwide and a national response will be in place for the detection, treatment and care of HIV-positive children; and (d) a cost-effective and sustainable rural sanitation model will be available for national replication, and rural sanitation coverage increased by 35 per cent in the Northern Region.

28. Through the education programme, the following results will be achieved by the end of 2010: (a) a 100-per-cent gross enrolment ratio, and gender equity in enrolment, retention and completion in basic education in the 40 most deprived districts; (b) a model to enhance the quality of pre-schools and improve the developmental readiness for learning of children aged four to five years will be in place for national replication; and (c) 80 per cent of all children aged 10-18 years will possess information and skills to reduce their risks and vulnerability to HIV/AIDS.

29. Under the protection programme, by the end of 2010: (a) the Social Protection Strategy will be accepted, with mechanisms in place and financing available for its progressive implementation; (b) legal and enforcement institutions and systems will have an enhanced and expanded capacity to protect children from violence, exploitation and abuse; (c) 90 per cent of children will be registered during their first year; and (d) institutional capacities and mechanisms will be strengthened to monitor and respond to child trafficking.

30. Under the programme for advocacy, communication, monitoring and analysis, by the end of 2010: (a) the capacities of UNICEF partners at decentralized and national levels will be strengthened through support for the generation, analysis and use of critical knowledge on the situation of children; and (b) *GhanaInfo* will be fully operational at national, regional and district levels.

31. The human rights-based approach will guide the design, implementation and evaluation of all programmes and the following interrelated strategies:

(a) Multilevel institutional capacities will be strengthened for sustained realization of women's and children's rights. The main focus will be on the

Ministries of Health, Education, Local Government, and Women and Children's Affairs, as well the Department of Social Welfare, the Women and Juvenile Unit and the juvenile justice system;

(b) The capacities of parents, families, decision makers, teachers and service providers will be strengthened to meet their obligations to children. The capacities of women and children to claim their rights will be further developed;

(c) The most deprived regions, districts and groups will be the focus of advocacy and support for service delivery and policy development;

(d) An intersectoral approach will be pursued, as will the convergence of interventions supported both by UNICEF and other United Nations agencies;

(e) National policy and strategy development will be influenced by cost-effective models and experiences from community and district levels;

(f) Evidence-based advocacy will be pursued for mobilizing support (financial, political and legal) for the most deprived children, as well the scaling up of "quick wins" for children such as use of insecticide-treated nets and abolition of school fees;

(g) Strategic and synergistic partnerships will be strengthened through joint programming with United Nations agencies and relevant NGOs. Active participation within health and education SWAps, various global funds and the Multi-Donor Budget Support process will be maintained. Use of result-based programming approaches will ensure that all partners are accountable for clearly identified contributions that add up to achievement of national priorities;

(h) As a part of the United Nations system, UNICEF will collaborate with development partners, including the World Bank and International Monetary Fund (IMF), and be guided in its programming by the principles of harmonization, alignment and aid effectiveness agreed upon with the Government.

Relationship to national priorities and the UNDAF

32. The country programme is based on the GPRS and relevant national sectoral plans and strategies. The GPRS has strong links to the Millennium Development Goals and the Millennium Declaration. The country programme will contribute to the realization of the six UNDAF outcomes which are: (a) an increase in the proportion of people in Ghana, particularly those living in the most deprived districts, whose right to health is fulfilled; (b) a 100-per-cent gross school enrolment ratio and gender equity in enrolment, retention and completion in basic education in the most deprived districts; (c) strengthening of the national HIV/AIDS response; (d) policy, planning, budgeting, monitoring and evaluation processes at all levels are to be informed by effective data and information management; (e) capacities for equitable and participatory governance systems to be made effective and guided by human rights principles; and (f) increased productive capacity for sustainable livelihoods, especially in the most deprived districts.

Relationship to international priorities

33. The programme will contribute to the development of Ghana's capacities to respect, protect and promote the rights of children and women as defined in the Convention on the Rights of the Child and the Convention on the Elimination of All

Forms of Discrimination against Women. It will also contribute to the implementation of the Millennium Declaration and Millennium Development Goals for reducing poverty through the reduction of malnutrition and child mortality, achieving universal primary education, promoting gender equality, combating HIV/AIDS and improving sanitation coverage. The country programme addresses the goals of *A World Fit for Children*, the Declaration of the General Assembly Special Session on HIV/AIDS and the UNICEF medium-term strategic plan. The programme will be implemented within the context of the commitment of Ghana and its development partners to the Paris Declaration on Aid Effectiveness.

Programme components

34. The four major programme components of the country programme will support national policy analysis, strategy development and capacity-building of key government institutions. Programmes will target the most deprived areas, including the three northern regions. Interventions related to HIV/AIDS, early childhood development and emergency preparedness will be integrated into all programmes.

Health and nutrition

35. Within the framework of the health SWAp and the Programme of Work of the Ministry of Health/GHS, UNICEF will support high-impact interventions to reduce child morbidity, mortality and malnutrition. This programme will comprise four projects: child health; nutrition; PMTCT; and water and sanitation.

36. Three areas of unfinished business from the past country programme, i.e., polio eradication, universal salt iodization and guinea worm eradication will be vigorously pursued to achieve and sustain global targets during the course of the country programme cycle, through effective targeting, leveraging of support and strategic partnerships.

37. The ACSD package of intervention, i.e., antenatal care, EPI and IMCI, will be scaled up. Some key elements of this package are malaria prevention and treatment and promotion of exclusive breastfeeding, complementary feeding and positive behavioural practices of parents and families. ACSD uses three complementary strategies, i.e., facility-based services, outreach services and community and household promotion and support, to deliver selected cost-effective interventions to the majority of children and pregnant women. Direct support for full implementation of the ACSD approach in two regions and partial implementation in two additional regions will be complemented with technical support to the Ministry of Health/GHS and leveraging of resources, for nationwide scaling-up. This will be done in close collaboration with development partners including the World Bank, the Governments of Japan and the Netherlands, DFID and USAID.

38. As a complement to supporting nutrition interventions at family and community levels, the capacities of the GHS Nutrition Unit will be strengthened for improved planning, strategy development, and bringing about behavioural change in key areas affecting maternal and child nutrition, including iodine, anaemia and vitamin A.

39. Building on the PMTCT pilot model supported by UNICEF and various partners (including the World Health Organization (WHO) and Family Health International), efforts by the Ministry of Health/GHS to scale up PMTCT

nationwide will be supported. PMTCT will be expanded to include early identification and ARV treatment for HIV-positive children. UNICEF will remain an active partner of the country coordinating mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

40. To reduce child morbidity and mortality related to poor sanitation, and drawing upon UNICEF experiences globally, a low-subsidy, demand-responsive household sanitation project will be introduced in one region to demonstrate a model which can be taken to scale. Integral to the model will be the provision of school latrines and school and community hygiene education. UNICEF will remain an active partner to the National Guinea Worm Eradication Programme, in close collaboration with the Ministry of Health/GHS, the Ministry of Works and Housing, WHO, Global 2000/The Carter Center and the Japan International Cooperation Agency. Within this partnership, UNICEF will be responsible for hygiene education and safe water supply in guinea worm-endemic communities.

Education

41. Within the context of the education SWAp, UNICEF will support the Ministry of Education in implementing the national Education Strategic Plan, which is a roadmap for achieving the Millennium Development Goals related to education. Considering the challenges in the education sector and the comparative advantage of UNICEF, the following projects will be supported: basic education; pre-school education; and the HIV/AIDS School Alert Model.

42. Towards the aim of achieving gender parity and Millennial targets for universal basic education, UNICEF will build upon its experiences in supporting targeted districts and regions in accelerating quality basic education, particularly for girls and vulnerable children (including child labourers and those with disabilities and special needs). At decentralized levels, this will be done through improvement of school facilities, the establishment of safe learning environments (including protection from sexual abuse), teacher education, provision of learning and teaching materials, and school health interventions to complement government efforts. Student school governments will be promoted to enable children to express their views and opinions in matters relating to their education.

43. In a response to the Government's decision to adopt compulsory pre-school education for all four- and five-year-olds, UNICEF will support the development of a quality model that ensures stimulation and learning readiness and that can be applied at scale. The convergence of health, nutrition, water, sanitation, hygiene and the detection of disabilities within pre-schools will be facilitated. Support to basic and pre-school education will be done in close collaboration with WFP in targeted geographical areas. This will be complemented with capacity- and system-strengthening at both national and decentralized levels in collaboration with the World Bank, the United Nations Educational, Scientific and Cultural Organization, DFID, USAID and other partners.

44. In response to the increased prevalence of HIV/AIDS, UNICEF will support the Ministry of Education in firmly establishing a school-based HIV/AIDS alert model, using schools as an entry point for HIV/AIDS information and prevention interventions among young people, teachers and the community. As reflected in the Education Strategic Plan, the school alert model is expected to have nationwide

coverage by 2010. This will be done in close dialogue with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and development partners, including USAID.

45. All three education components will be addressed within the framework of policy analysis and national capacity-building; subnational institutional capacity development; and school-centred and "child-friendly" programmes at district and community levels.

Protection

46. Building on major achievements in legislation and policy development, UNICEF will continue to support the Government in finalizing a national strategic framework addressing child protection issues. A major component will be to support, in collaboration with the World Bank and DFID, the implementation of the Government's national social protection strategy. The capacities of key government institutions and units responsible for protection will be strengthened, including the Ministry of Women and Children's Affairs, the Department of Social Welfare, the Women and Justice Unit and the juvenile justice system. Where appropriate, strategic partnerships will be established with civil society and NGOs.

47. Key components will include supporting the Government to address internal and cross-border trafficking in collaboration with the International Labour Organization (ILO) and the International Organization for Migration (IOM); monitoring the situation of and ensuring protection, services and early childhood development for children made vulnerable or orphaned by AIDS; evidence-based advocacy on harmful traditional practices; and establishment of state child panels. In partnership with UNFPA and PLAN, UNICEF will support the Government in reaching 90-per-cent birth registration through institutional support to the Birth and Death Registrar and strategic partnership alliances. In collaboration with the Government, ILO, IOM, UNFPA and civil society, the situation of abuse, exploitation and violence against children and women will be closely monitored and documented.

Advocacy, communication, monitoring and analysis

48. In collaboration with national and subnational authorities, civil society, development partners and academic institutions and within the UNDAF, information about the situation of children will be continuously collected, analyzed and disseminated. This will include the careful monitoring of the impact of economic and social policies on families and children.

49. Major strategies of this programme will include: (a) information for evidenced-based advocacy and to guide policy discussions, decision-making, resource allocations and legislation; (b) support to decentralized planning, monitoring, evaluation and peer review for improved service delivery; (c) in collaboration with the United Nations system and other development partners, making operational Ghana Info, a national database to ensure regular monitoring of the Millennium Development Goals and GPRS; (d) support for monitoring and reporting processes of the Convention on the Rights of the Child, its Optional Protocols and the Convention on the Elimination of All Forms of Discrimination against Women; and (e) support to the design and implementation of key communication strategies proven effective for advancing the fulfilment of children's and women's rights.

50. The information will also guide programme communication strategies to be pursued at national and subnational levels, linked to behavioural change and the strengthening of capacities of women and children to know and claim their rights.

51. Key partners in this programme will be the GSS, the National Development and Planning Commission and relevant line ministries.

Major partnerships

52. Collaboration with United Nations agencies will be at the core of the country programme. Joint programming, within the UNDAF, will be in the areas of girls' education (with WFP); PMTCT (with UNAIDS, UNFPA and WHO); child health (with WHO), *GhanaInfo* (with UNDP, UNFPA and WFP); and child labour and trafficking (with ILO and IOM). UNICEF will work to improve the effectiveness of the United Nations system overall in the country.

53. Within the framework of the GPRS, UNICEF will continue to participate in harmonization and alignment initiatives under way in the country, including SWAPs, the Multi-Donor Budget Support framework, global mechanisms such as the Global Alliance for Vaccines and Immunization and the Global Fund to Fight AIDS, Tuberculosis and Malaria, Roll-back Malaria, etc. Strategic partnerships will be continued with the World Bank, the IMF, the private sector, universities, research institutions and NGOs in critical areas.

Monitoring, evaluation and programme management

54. A five-year integrated monitoring and evaluation plan will be linked to monitoring and evaluation of the UNDAF. This will include research, studies, surveys, evaluations and use of key indicators based on the country programme summary result matrix, the UNDAF result matrix, and the national monitoring framework of the GPRS. The 2008 GDHS will provide input for monitoring.

55. The Ministry of Finance and Economic Planning will be the national coordinating body for the programme of cooperation. A five-year country programme action plan, annual action plans and review processes will be developed together with relevant line ministries. This will include mid-term and annual reviews.

56. The country programme management plan will reflect the new programme structure and respond to the competencies required.

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Draft country programme document**

Liberia

Summary

The Executive Director presents the draft country programme document for Liberia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $2,826,000 from regular resources, subject to the availability of funds, and $5,820,000 in other resources, subject to the availability of specific purpose contributions, for 2006.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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*Basic data** *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	1.8
U5MR (per 1,000 live births)	235
Underweight (%, moderate and severe, 1999/2000)	26
Maternal mortality ratio (per 100,000 live births, 1987/1988)	580
Primary school enrolment (% net, male/female, 1999/2000)	79/61
Primary school children reaching grade 5 (%, 1998)	33
Use of improved drinking water sources (%, 2002)	62
Adult HIV prevalence rate (%, end-2003)	8.2
Child work (%, children 5-14 years old)	..
GNI per capita (US$)	130
One-year-olds immunized against DPT3 (%)	38
One-year-olds immunized against measles (%)	53

* More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Children and women in Liberia live very precarious lives. Liberia has some of the highest mortality rates in the world: with infant mortality at 157 per 1,000 live births, under-five mortality at 235 per 1,000 live births and maternal mortality at 580 per 100,000 live births.

2. Security was established throughout the country in the middle of 2004. Disarmament and demobilization of the fighting forces (103,000 people) was completed by the end of the year, but the reintegration package for over 40 per cent of the demobilized is still unfunded. This poses a significant threat to national security. State authority, law and order are not yet fully established throughout the country. Because of the transitional nature of the Government and limited state funding, government-run basic services have not been re-established. Poor access is compounded by very poor roads and limited public transport.

3. Some 260,000 internally displaced persons (IDPs) living in camps and 300,000 refugees have begun to return home but the process is slow and there is concern over adequate access to social services, shelter and food security in the areas of return.

4. Malnutrition is widespread, with 39 per cent of children younger than five years of age stunted and 26 per cent underweight. The rate of iron deficiency among children aged 6-35 months is 87 per cent, with rates of 58 per cent for non-pregnant women and 62 per cent for pregnant women. Life expectancy dropped from 47 years in 2000 to 41 years in 2002. The common childhood illnesses are malaria (42 per cent), diarrhoea (21 per cent) and acute respiratory infections (12 per cent). Currently, 45 per cent (132) of the pre-war primary health facilities are functional, but as they are being funded through emergency funds, they have no medium- or long-term sustainability. The cold-chain system is now being rebuilt. Vaccine stores have been established in the country's 15 counties but they require improvement.

Currently, 106 health facilities are offering routine expanded programme on immunization (EPI) services. The estimated coverage rates are 63 per cent for anti-tuberculosis vaccine (BCG); 32 per cent for measles vaccine; 23 per cent for yellow fever; 21 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3); and 26 per cent for three doses of oral polio vaccine.

5. Access to quality education is a major concern. The high figures for operational schools and enrolment mask the critical problem of quality. There are a number of significant challenges including little or no supervision or quality control, the poor learning environment, lack of teaching and learning materials, overcrowded classes, a high percentage of over-aged students, inadequate numbers of school facilities and the inability of many households to pay schools fees or charges, even in public schools. Generally the teachers are not well qualified, with 41 per cent below the level of high-school graduation. Salary payments are erratic and paid centrally, and teachers are often not in school. As a consequence of the war, an estimated 500,000 children have had some significant interruption in their education and are now too old for their grade. These children will require a different form of schooling such as the Accelerated Learning Programme (ALP).

6. A total of 11,780 children associated with the fighting forces have been demobilized and only 42 remain to be reunited with their families. The current priority is to support their social reintegration mainly through community-based systems for child protection, access to education and skills training. Reports indicate a very high level of vulnerability to sexual exploitation and abuse and as yet, no legal or social protection services are operational.

7. The prevalence of HIV is increasing, currently affecting an estimated 8.2 per cent of the population aged 15-49 years, up from 5.6 per cent in 1999. In the absence of comprehensive and reliable data, these statistics probably represent an underestimation of HIV prevalence in the country, which experiences all the major factors conducive to high incident rates.

8. In 2004, UNICEF conducted assessments of the water and sanitation situation in 13 of the 15 counties. The rate of access to safe water sources is estimated at 24 per cent, which falls to 15 per cent when their functionality is considered, and the rate of access to safe sanitation is an alarming 5 per cent.

9. The country's economic infrastructure is recovering only very slowly from 14 years of civil conflict and neglect, and international investment is scare and hesitant. The unemployment rate is estimated to be 85 per cent.

10. Despite its limited resources, the National Transitional Government of Liberia, which was established on 17 August 2003 by the Comprehensive Peace Accord in Accra, Ghana and inaugurated in October 2003, has supported efforts by United Nations agencies and non-governmental organization (NGO) partners to improve the situation of the children and women in Liberia.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

11. The political, security and humanitarian situation has been very unstable during the last three years; 2003 saw the height of the fighting and the resulting humanitarian crisis. The country programme responded to the changing situation with a focus on delivery of basic services and child protection.

12. In health and nutrition, using immunization as the vanguard, the programme played a significant role in the restoration of primary health-care (PHC) facilities. The programme supported the reopening of 20 per cent of the currently functioning health facilities and enabled 80 per cent to provide routine EPI services in all districts. The cold chain has been re-established and cold stores are operational throughout the country. In collaboration with the World Health Organization (WHO), the programme supported three major campaigns which saw 300,000 people vaccinated against yellow fever, 986,000 children vaccinated against polio and 1.5 million children vaccinated against measles. There have been no reported cases of polio for three years, although the surveillance system is not very robust. Despite the fact that there are considerable improvements to be made in access to and quality of services, the reported figures show an increase in coverage with, for example, BCG rising from 48 to 61 per cent.

13. The school system that had collapsed was quickly resuscitated by the Back to School programme. Some 800,000 children were provided with school supplies through more than 2,500 schools. Over 13,000 teachers underwent reorientation training, which was strengthened with the training of 1,500 teachers to C Certificate level and gradual capacity-building of the supervisory system. In collaboration with the Ministry of Education, UNICEF is leading the development of ALP for children whose education has been interrupted. ALP has proven to be very popular and 95 schools, with an enrolment of 10,500 students, started during the first six months of the programme. The United States Agency for International Development (USAID) has incorporated ALP into its programme and the combined increase in enrolment is expected to be three times the current figure by the end of 2005.

14. The child protection programme has been deeply involved in the disarmament and demobilization, rehabilitation and reintegration process. UNICEF was given the leadership role for the children's component within this process by the National Commission for Disarmament, Demobilization, Reintegration and Rehabilitation (NCDDRR). The programme successfully played a national coordinating role by bringing together all the actors in the area of child protection and establishing guidelines and standards. In total, 11,780 children, of whom 2,738 are girls, were demobilized and all but 42 have been reunited with their families. Having established the methodology and guidelines for social reintegration (mainly education and skills training), implementation remains a significant challenge. A start has been made to revitalize the juvenile justice system. To date, in collaboration with the United Nations Mission in Liberia (UNMIL), nearly 500 police officers have received orientation and a police protection system for women and children is now being established, and will be strengthened in 2006.

15. The water and sanitation programme has focused on providing services to one fourth of the 20 IDP camps. It also supported the Back to School programme, meeting nearly 50 per cent of the 2005 target of equipping 1,100 schools with safe water points and hygienic sanitation (i.e., about 30 per cent of the total number of schools in the country).

16. UNICEF plays a leading role in the development of coordination and implementation guidelines in the four programme areas of water and sanitation, health and nutrition, education and child protection. Coordination has been better either where UNICEF has provided funding or technical expertise and innovations, e.g., child protection in the disarmament and demobilization process or ALP.

Lessons learned

17. The child protection programme for disarmament and demobilization, which has been used now in Liberia and Sierra Leone, has proven to be effective, having assisted nearly 12,000 and 8,000 children respectively. With its institutional experience and channelling of funds to child protection partners, UNICEF was in a position to coordinate implementation, set standards and negotiate with UNMIL and NCDDRR on behalf of all partners. The practices of interim care and family tracing and reunification are valid. The established standard family tracing methodologies are now being applied to cross-border situations through close inter-agency collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR) and the International Committee of the Red Cross (ICRC). However, the experience has underlined the need to strengthen the process of the initial identification of a child, the criteria for access and clearer elaboration of the Cape Town Principles on the Prevention of Recruitment of Children into the Armed Forces and Demobilization and Social Reintegration of Children in Africa. It is important to clarify the design of a demobilization programme that separates the process for children from the one for adults. The payment of the Transitional Support Allowance to children has many implications and requires further discussion and decisions prior to its being replicated in other countries.

18. The ALP is very popular because it enables children to catch up their lost school years, does not have any school fees or associated costs and is attractive to over-age children. However, the non-payment of teachers is a serious concern, threatening the overall success of the programme. Either the teachers are teaching ALP in addition to their regular classes or they are not on the payroll of the Ministry of Education. All agencies supporting ALP must be prepared to maintain support for the full five-year cycle of three intakes and include support for the salaries of ALP teachers. Without such commitment, ALP will be very limited and could collapse in the early stages. However, ALP can only be a short-term programme and is no substitute for the regular school system.

The country programme, 2006

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Education	500	1 250	1 750
Child protection	500	800	1 300
Health and nutrition	500	2 000	2 500
Water, sanitation and hygiene	526	800	1 326
External relations and information	200		200
Cross-sectoral costs	600	970	1 570
Total*	**2 826**	**5 820**	**8 646**

* It is expected that an additional $8,000,000 will be raised through an integrated Humanitarian Appeal in 2006.

Preparation process

19. The current short-term emergency programme had to be revised when the dramatic political and security situation engulfed the country. The revision was formalized in the mid-term review undertaken in mid-2004. The comprehensive mid-term review changed the programme's paradigm and focus and brought it in line with the post-conflict national planning framework, the Results-Focused Transitional Framework (RFTF). The members of the United Nations Development Group (UNDG) and the Ministry of Planning and Economic Affairs began joint planning with a review meeting, at which it was observed that the current political and security situation remains very volatile and unpredictable. Because the Transitional Government will be replaced at the end of the year following national elections, the RFTF will continue to be the short-term planning framework agreed by the Government and donors. Consequently, it was jointly agreed that there will be a one-year programme for 2006, to enable the UNDG agencies to harmonize their programme cycles and jointly plan a long-term programme with the new Government, within the framework of a revised RFTF. Subsequently, detailed planning was undertaken with line ministries and partner NGOs and plans considered within the RFTF, and with reference to the UNICEF Core Commitments for Children in Emergencies. The extensive recommendations of the Committee on the Rights of the Child for immediate action on basic services, police and legal protection and the establishment of monitoring bodies were also incorporated in the programme plan.

Goals, key results and strategies

20. The country programme will contribute to the protection and fulfilment of the rights of children within the priorities set out in the RFTF. The emphasis will be on rebuilding social services and improving critical areas of protection including sexual exploitation and abuse and juvenile justice. The programme will focus on the seven

counties to which the majority of IDPs and refugees are returning, which have also suffered the greatest destruction. The focus counties include Monrovia, the capital city, home to one half of the population and where the majority of demobilized children are expected to reside. Immunization, distribution of school supplies and child protection will have national coverage, although the majority of child protection interventions will take place in the focus counties.

21. Primary education will be a particular focus because of its central role in the reintegration of demobilized ex-child combatants, in child protection and in child development during the country's post-conflict stage. All of the programmes will include school-based interventions so as to collectively support the improvement of education. There will be a continuation of ongoing commitments, including ALP and social reintegration of demobilized children (through education and skills training). In the focus counties, all schools and health facilities will have safe water and sanitation facilities and the water, sanitation and hygiene programme will expand to improve conditions in 500 communities.

22. Given the very unstable political situation within Liberia and in the neighbouring countries, a significant emergency preparedness and response capacity will be maintained. Emergency stocks for 10,000 people for one month will be maintained in-country. The current emphasis is on the border area with Côte d'Ivoire, with preparedness for an influx of refugees and programmes to act as a counter-balance to the recruitment of children as mercenary soldiers.

23. The programme will strengthen county-level supervision and management by the county officers of various line ministries and, in collaboration with United Nations agencies, strengthen county-level coordination and data collection.

24. HIV/AIDS will be addressed in a number of areas, in collaboration with the United Nations Development Programme (UNDP), which manages the resources provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Life-skills education will be introduced to schools, and HIV/AIDS prevention will be undertaken by youth groups who will begin to reach out-of-school youth. This will be supplemented by the development of social workers' and teachers' skills on the information, education and communication (IEC)/behavioural change communication (BCC) strategy developed in 2005. Training on the prevention of sexual exploitation in schools will include a component on HIV/AIDS. In collaboration with UNMIL, the programme will extend the system of reporting sexual exploitation nationwide, with an emphasis on the main return areas for IDPs and refugees, through county-level committees to prevent sexual exploitation. In addition, the investigation process will be improved in the light of experience and new investigators will be trained to properly investigate cases of sexual abuse of children.

Relationship to national priorities and the UNDAF

25. The Common Country Assessment and United Nations Development Assistance Framework were drafted in 2002-2003, but were not completed and are now outdated. Following the signing of a peace agreement, the installation of the transitional government and a comprehensive needs assessment, the RFTF, which outlines the priorities in all sectors, was developed and endorsed by the Government, donors and NGOs. The Integrated RFTF Humanitarian Appeal was

developed in late 2004. Because the World Bank has found that that the country is not yet suitable for the development of a poverty reduction strategy, the RFTF will be the national planning framework for at least the next 12 months. The programmes of the UNDG agencies are based within the RFTF, and the UNICEF programme within three of its clusters: basic social services; disarmament, demobilization and reintegration; and IDP and refugee return and repatriation. The recommendations of the Committee on the Rights of the Child coincide with many of the priorities of the RFTF. Thus, the proposed country programme is designed to support the rebuilding of basic social services, focusing on areas to which the majority of IDPs and refugees will return. In addition, the programme will focus on children associated with the fighting forces as part of the RFTF plans for disarmament and demobilization of fighting forces.

Relationship to international priorities

26. Two major components of the programme concentrate on the UNICEF priorities of immunization and child protection. Both are extensive programmes which will comprehensively support the redevelopment of these sectors throughout the country. In both cases, UNICEF is seen as the major agency for policy development, technical input and financial support. Girls' education is part of the broader education programme, which provides the basis (access and quality) for girl's education. The principal strategy for girl's education is one of targeted advocacy, the introduction of life skills and the inclusion of 60 per cent females in the new teacher-training programmes. In the context of limited funding, the basic building blocks for comprehensive programme interventions on HIV/AIDS have been carried out: surveys of adolescent behaviour and orphans and vulnerable children, and the development of guidelines to prevent mother-to-child transmission of HIV. The programme will supplement these inputs to support the activities of the Global Fund with such interventions as the IEC/BCC communication strategy, life skills in schools and work with youth groups. It is expected that more opportunities will be created for including a separate adolescent HIV/AIDS programme in the full country programme for 2007-2011.

27. Liberia recently published its first report on the Millennium Development Goals, which highlighted the massive challenges ahead. The programme will contribute to achieving the Goals through improving access to and quality of PHC, primary education, water and sanitation and reversing the incidence of vaccine-preventable diseases. In addition, UNICEF will collaborate with UNDP to ensure that the new Government is aware of and committed to achieving the Goals.

Programme components

28. The **education** programme, in collaboration with the Ministry of Education, USAID and NGO partners, will further develop and expand ALP, supporting a cumulative total of 40,000 children. To improve quality and access, the programme will train an additional 500 teachers to C Level certification and support 300 schools to improve educational quality. To support these developments, the Ministry's planning capacities will be enhanced at the national and county levels, with particular emphasis on regular supervision and reporting of teachers. Through these activities, the programme will also promote girls' education by specifically targeting

a 10-per-cent increase in enrolment and 20-per-cent retention rate for girls in 300 schools in the focus counties. As one component of the HIV/AIDS intervention, the education programme will expand the life-skills programme. Teacher training for both formal and ALP schools will include life skills and 600 schools will be specifically targeted to introduce the programme into their regular timetable. In collaboration with the World Food Programme (WFP), the emergency school feeding initiative will continue, with special emphasis on girls' enrolment and retention.

29. The **child protection** programme will continue its commitment to the successful reintegration of demobilized children. In addition, special strategies will target girls by supporting 4,000 girls in school through the Community Education Investment Programme and 5,000 girls with skills training. At the same time, the programme will further develop the system of community-based social reintegration through the establishment of an additional 70 child welfare committees and 70 children's clubs in the focus counties. This will be linked to the follow-up support to 75 per cent of the demobilized children and psychosocial support provided by 400 specially trained teachers. Special emphasis will be given to preventing the re-recruitment of children. In collaboration with ICRC and UNHCR, the programme will support family tracing and reunification for 1,500 children as part of the refugee repatriation process. The police protection units for women and children will be further strengthened and expanded to be operational in five counties. Some 200 police officers of the units will also be trained on juvenile justice and alternatives to detention will be established. In addition, children in 350 schools will learn about protection from sexual exploitation and abuse. This will be linked directly to the life-skills initiative managed by the education programme.

30. To protect children from sexual exploitation by United Nations staff, following the creation of a reporting procedure and skilled investigation teams set up in the last year, groups to prevent sexual exploitation will be set up in the focus counties to promote reporting and ensure that all reports are properly investigated. The future direction of this project will be guided by a study on child prostitution. This will enable the programme to address the two worst forms of child labour — child soldiers and child prostitution. Orphanages will be monitored and assisted to maintain standards. Specialist care for children made vulnerable by HIV/AIDS will be established in the focus counties. The Children's Unit in the Ministry of Gender and Development will be strengthened to monitor implementation of the recommendations of the Committee on the Rights of the Child. The youth groups programme will be expanded progressively, with an additional 25 groups active in life skills and young people's promotion of HIV/AIDS messages.

31. The **health and nutrition** programme will support the expansion of EPI services to a total of 250 health units (an additional 50 with solar refrigeration), strengthening of the cold chain in all counties, and improving the skills of 250 staff so as to reach 70-per-cent coverage for DPT3 and 65 per cent for two doses of tetanus toxoid vaccine. In addition, 90 primary health units (about 30 per cent of the national total) will be supported. In collaboration with WHO, the programme will provide technical support to the Ministry of Health and Social Welfare to implement a plan for the sustainable financing of PHC services. The system of communication for health behavioural change, emphasizing early child development, nutrition, malaria and reproductive health, will be introduced in the catchment communities of the 90 health facilities. In collaboration with the United Nations Population Fund,

the programme will strengthen reproductive health services through supplying materials and training staff in the 90 health units. To support the management of the system, the programme will strengthen the operational capacities of the county health teams in the focus counties and improve data management at the county and national levels. The programme will collaborate with WFP to strengthen a national nutrition monitoring system and ensure that there are common approaches to nutrition issues. UNICEF will continue to work with the Government, WFP and NGO partners on nutritional policies. Supplementary feeding centres will be supported on an as-needed basis. Vitamin and micronutrient supplementation will become a part of routine PHC services and any supplementary immunization campaigns.

32. The **water, sanitation and hygiene** programme will continue to be the lead programme for water and sanitation and as such, support the Government in national and county-level coordination and data management. The establishment of a national programme of community-based pump maintenance will be the major issue for inter-agency collaboration. An additional 400 schools will be provided with safe water and sanitation so that all the schools in the most populous areas of the country will have adequate facilities. Participatory hygiene promotion will be introduced in these schools. Some 500 of the schools' catchment communities will be engaged in improving their own water and sanitation facilities and hygiene promotion.

33. The **external relations and information** programme will create good fund-raising opportunities, keep all donors well informed of programme progress and build the capacity to provide fast and up-to-date information on emergency situations.

34. **Cross-sectoral costs** will be used for activities that would normally be covered by the Government including customs clearance and distribution of supplies, field monitoring, reporting and coordination. In addition, they will be used for operating in accordance with Minimum Operating Security Standards and to supply basic utilities for the office including water supply and electrical generation.

Major partnerships

35. In the current national situation, NGOs are the main implementing partners. UNICEF works with a range of NGOs and plays the main coordinating role in all the sectors, in particular child protection, ALP and water and sanitation. The immunization programme is implemented in collaboration with WHO and the Global Alliance for Vaccines and Immunization, with support from the United States Centers for Disease Control and Prevention. The country programme is working with USAID in expansion of the ALP, and with UNMIL in a number of areas, especially child protection. Having collaborated in disarmament and demobilization activities, the partnership will continue with the reintegration programmes, as well as prevention of sexual exploitation, establishing the women and child protection units within the Liberia National Police and the reform of the juvenile justice system. An alliance of partners including UNHCR, ICRC, the International Rescue Committee and Save the Children (United Kingdom) is working on cross-border family tracing and reunification. The programme will continue to work in partnership with UNDP, which is managing the HIV/AIDS resources provided by the Global Fund. UNICEF and WFP are working to develop a national situation

analysis on nutrition and a sustainable monitoring system. Additionally, WFP supports the education sector with emergency school-feeding programmes. In collaboration with the Humanitarian Aid Office of the European Union, the programme is strengthening national coordination of water and sanitation interventions, maintaining standards, expanding the community-based system for hand-pump maintenance and supporting the development and harmonization of cross-border protection systems.

Monitoring, evaluation and programme management

36. Monitoring and data management are of critical importance. The current systems are, at best, weak and unreliable. The programme will benefit from the Humanitarian Information Centre, initially established by the United Nations Office for the Coordination of Humanitarian Affairs, which can collate and present data. The village mapping that will be completed in 2005 will form the basic framework for the location and recording of basic data on service delivery and gaps in services. It will also form the system for presenting the results of the multiple indicator cluster survey (MICS). With support from UNICEF and UNDP, *DevInfo* will be set up in the Department of Statistics and be used to present all current data to show progress towards the Millennium Development Goals. Data for monitoring the Convention on the Rights of the Child will be collected by the Children's Unit of the Ministry of Gender and Development, with technical support from UNICEF.

37. There will be three tiers of monitoring. The first tier will be the county coordination mechanism, which will provide routine data on a monthly basis. This is the principal information gathering tool for monitoring the RFTF. The second tier is regular field monitoring visits by programme officers, who will verify the reports of the implementing partners. The final tier is composed of the baseline surveys for interventions in nutrition and water and sanitation. The MICS will provide very valuable baseline information. A sentinel site system in selected schools established in 2005 will be continued in 2006 and used to track the enrolment and retention. The Rapid Assessment of Leaning Spaces will be adapted to form part of the Education Management Information System and in so doing be updated. The main surveys will be the MICS, an EPI coverage survey and the update of the Rapid Assessment of Learning Spaces.

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Draft country programme document**

Peru

Summary

The Executive Director presents the draft country programme document for Peru for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,500,000 from regular resources, and $18,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[*] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	10.7
U5MR (per 1,000 live births)	34
Underweight (%, moderate and severe, 2000)	7
Maternal mortality ratio (per 100,000 live births, 1994/2000)	190
Primary school attendance/enrolment (% net, male/female, 2000, 2001/2002)	93/93, 100/100
Primary schoolchildren reaching grade 5 (%, 2000/2001)	86
Use of improved drinking water sources (%, 2002)	81
Adult HIV prevalence rate (%)	0.3
Child work (%, children 5-14 years old)	—
GNI per capita (US$)	2 150
One-year-olds immunized against DPT3 (%)	89
One-year-olds immunized against measles (%)	95

[*] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children, adolescents and women

1. Amid deep social inequity and exclusion, Peru, a nation in a post-conflict situation, is attempting to consolidate its weak democracy, both nationally and in its 26 regions. The year 2000 marked the end of an armed conflict that for 20 years had primarily affected rural, Quechua-speaking populations in Andean regions. The government led by Alberto Fujimori fell that same year, and a new chapter of Peruvian history began, with the designation of a transitional government and then, in 2001, the election of President Alejandro Toledo (2001-2006). In 2006, a new President of the Republic, regional presidents and members of Congress will be elected.

2. Despite the crisis in governance and institutional weakness, in recent years democracy has shown positive results, especially for the economy. However, these advances have been insufficient to substantially reduce the levels of extreme poverty and social exclusion that continue to affect primarily children and women, especially those of indigenous populations.

3. Threats to the consolidation of democracy include the State's institutional weakness and the lack of trust between State institutions and the citizenry. The social agenda and issues related to realizing the rights of children and adolescents tend to be affected by these threats and by a complex political environment that prioritizes immediate issues. The *National Accord*, created by the Government as a participatory, broad and democratic consensus-building forum for the approval of State policies, is the only mechanism that has addressed the design of long-range policies and strategic objectives for children. The agreements reached through this accord will outlast the Toledo Government and are widely convergent with the Millennium Development Goals and the National Plan of Action for Children and Adolescents (NPACA) 2002-2010, which in 2005 became national law.

4. The decentralization process began with the creation of the regional governments in 2003, and the subsequent transfer of competencies and functions,

including management of the economic, health and education sectors. In 2005, regional governments will receive only 15.7 per cent of the total national budget. In the Andean and Amazonian regions that are home to populations whose mother tongue is not Spanish and that have the greatest gaps in social indicators, there are institutional deficiencies similar to those of the central state. All of this is aggravated by the recurring emergencies: earthquakes, El Niño phenomenon, intense freezes in the high Andean regions, and flooding of riverbeds.

5. In 2003, the Truth and Reconciliation Commission presented its report documenting the effects of 20 years of political violence and showing that the internal armed conflict had mainly targeted the Quechua-speaking population in extreme poverty. Approximately 69,280 persons were killed, and a larger number became victims: orphans, widows, elderly parents, displaced persons. The most recent report on Peru by the Committee on the Rights of the Child (CRC/C/15/Add.120) noted with concern that the consequences of the political violence continue to affect the survival and development of children.

6. The reported economic growth (an annual average of 3.4 per cent during 2000-2004) has been insufficient to reduce the poverty rate and inequities. The most recent figures indicate that 54.7 per cent of the population lives in poverty, 21.6 per cent in extreme poverty (2003), while approximately 66 per cent of all children and adolescents are poor (2001). The richest 20 per cent of the population receives 53 per cent of national income. Macro-economic variables are encouraging, but the employment index has shown no significant change in the last five years, and the unemployment and underemployment level is above 50 per cent. The manufacturing, construction and commercial sectors — typical generators of employment — contribute only 36 per cent of gross domestic product (GDP). Agriculture, the main activity in excluded areas, shrank by 3.24 per cent (2004). Social spending remains low compared with that of the other Latin American countries (9.3 per cent of GDP in 2000), as does tax pressure (13 per cent). New sources of development financing from mining, tourism and exports do not reach the poorest and excluded populations.

7. The report *Hacia el cumplimiento de los Objetivos de Desarrollo del Milenio en el Perú* (*Towards Meeting the Millennium Development Goals in Peru*) and the *Prediction Model (2004)* indicate that, if the tendencies of the past four decades are maintained, in 2015 Peru would have the same proportion of poor as it does today. In addition, 630,000 girls would not be attending primary school at the established age; 42,000 women would die from lack of access to hospital care for childbirth; and 200,000 children would be malnourished. These tendencies could be reversed if the economic agents and civil society worked together on promoting pro-poor economic growth policies; if specific social policies were promoted to improve education, health and nutrition indicators; and if an institutional reform of the State were implemented. Achieving the first five Millennium Development Goals would imply an annual transfer of approximately 4 per cent of GDP, with an estimated economic growth of 3 per cent annually. Of this total, specific social policies would come to 0.9 per cent of annual GDP, while re-distributive policies would represent 3.1 per cent of annual GDP.

8. The maternal mortality ratio for 1996-2000 was 190 per 100,000 live births, and Andean and Amazonian rural areas report rates above 400. Although the ratio is comparatively high for Latin America, sustained interventions by UNICEF and the

Ministry of Health in the last 10 years have produced significant improvements and have created supportive conditions for reducing the ratio, provided the interventions are implemented as public policy. However, implementation of such interventions poses a challenge in Amazonian indigenous areas, where only 25 per cent of mothers and their newborn babies are attended through health services during gestation and childbirth.

9. Despite advances over the last 15 years, the under-five mortality rate (U5MR) continues to be one of the highest in Latin America (34 per 1,000 live births) and there continue to be differences between the national and regional rates (for example, in Cuzco the rate is 85 per 1,000 live births, and in Loreto, 53). Although advances have been made in vaccination coverage, 45 per cent of the districts in rural areas have coverage lower than 50 per cent. What progress in U5MR has been made is explained in part by adequate vaccination coverage (90 per cent) and exclusive maternal breastfeeding for six months (67 per cent). Child survival continues to be a challenge, particularly among children in Andean areas above 3,500 metres and in Amazonian indigenous communities where state presence is tenuous or non-existent. The cold chain has deteriorated, with 83 per cent of the existing equipment needing replacement within three years, according to a recent joint study by the Ministry of Health and UNICEF.

10. Chronic malnutrition indicators in under-fives have not improved in the last 10 years. Prevalence in children under two is 32 per cent, and in under-fives, 25.4 percent, with enormous differences existing between the rural mountain areas (40 per cent) and the urban coast (11.6 per cent). The prevalence of anaemia continues to be one of the highest in Latin America, with rates of 49.6 per cent in children under five years, and 69 per cent among those under two — figures that increase significantly in rural zones. The high levels of poverty and exclusion that still persist in these areas have impeded the improvement of children's access to comprehensive attention in nutrition, health and psychosocial stimulation. Most children live in family environments that are less than favourable for their early growth and development.

11. Education quality is poor. Peru placed last in the 2002 Programme for International Student Assessment (PISA) test, administered in 41 countries. In 2004, the national education system was declared to be in a state of emergency, and the *National Accord* recognized the urgent need to act. Low education quality is even more pronounced in rural Andean and Amazonian areas. The challenges are to improve quality and reverse the high rates of repetition and primary school dropout, which at the national level reach rates of 9 per cent and 3 per cent, respectively. The situation worsens in rural areas, where the first grade dropout figure is 19.6 per cent and second grade repetition is 20.4 per cent. Girls' dropout rates are particularly disturbing in rural areas.

12. Extreme poverty, insufficient schooling of parents, and two decades of political violence have deepened the culture of violence affecting children and adolescents. Child abuse (psychological, physical or sexual) takes place in the home, the school and the streets, with 41 per cent of all parents admitting to the use of physical punishment. Sexual abuse of girls has a prevalence of 19.5 per cent. Eight out of every ten cases involve an abuser from the victim's family environment, and 6 of every 10 pregnancies among girls 11-14 years of age derive from incest or rape — facts reflecting clear gender-related violence. The magnitude

of commercial sexual exploitation of children is estimated to be increasing in Lima and in cities experiencing an increase in mining and agricultural activities and high concentrations of tourism, and in contexts of geographic exclusion where impunity and the absence of the State persist. Other forms of child rights violations are the non-registration of births (around 28 per cent of births every year go unregistered); early incorporation of around 2 million children and adolescents into the labour force; economic exploitation of children in garbage dumps, mining, begging, domestic child labour and rural labour; and depriving children of their liberty (around 3,500 children under 18 experience such deprivation, 70 per cent of them forced to lived in institutions, and 30 per cent jailed because of conflict with the law).

13. HIV/AIDS continues to be concentrated in the most vulnerable groups, mostly among men who have sex with men (seropositivity 11.8 per cent) and sex workers. In the general population aged 15-49, the rate of seropositivity is 0.3 per cent. In the last decade, there has been a marked increase in the number of carriers in the heterosexual population, and therefore, in the number of women and children affected by the virus. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there are 17,000 children orphaned by AIDS. Although national response to the epidemic is gradually being strengthened, stimulated by resources provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria, the preventive, diagnostic and treatment actions for women, adolescents and children continue to be weak and of limited coverage. The country's population dispersion, difficult geographic access and cultural diversity impeded the acquisition of knowledge about the disease in various areas, particularly among indigenous communities. The Thematic Group led by UNAIDS prioritized actions to increase the access of persons living with HIV/AIDS to antiretroviral treatment.

Key results and lessons learned from previous cooperation, 2001-2005

Key results

14. The evaluation of the country programme identified the most outstanding accomplishments of the Initiatives for Social Inclusion subprogramme as being (a) a reduction of the maternal mortality ratio from more than 500 to 150 per 100,000 live births in the areas where UNICEF worked; (b) a reduction in the incidence of hepatitis B among newborns in Amazonian communities; (c) an eight-percentage-point reduction in low birthweight, and a ten-point reduction of chronic malnutrition in children under two; (d) improvement in education quality indicators in schools where Spanish is not the students' native language; and (e) the strengthening of community child and adolescence defence centres (approximately 1,500), headed mostly by women. In all cases, the initiatives generated or consolidated central-level public policies.

15. The most outstanding achievements in the Promotion and Monitoring of Rights subprogramme included (a) support to the Government to improve the legislative framework (including for promotion of prenatal and early psychosocial stimulation; protection and promotion of maternal breastfeeding; public financing of the immunization programme; promotion of education for girls in rural areas; improvements in the Code on Children and Adolescents; the amendment to the

Criminal Code that specifies crimes against liberty; and abuse and sexual commercial exploitation); (b) the mobilization of the private enterprise sector as an ally for child rights promotion; (c) the qualitative improvement of child-related themes in the national and regional media; (d) the incorporation of investment in early childhood growth and development in the discourse of the highest-level state and business representatives and opinion leaders; (e) the national mobilization for child rights through sports (football); and (f) the timely, efficient and effective response to emergency situations centred on capacity-building at the central, regional and local levels.

Lessons learned

16. Many lessons have been learned, including the following: (a) The Government continues to need support to make a better analysis of the immediate and underlying causes of the violation of children's rights; (b) to maintain current efficiency and effectiveness, the use of the human rights approach and results-based management should be continued in the 2006-2010 country programme; (c) decentralized governmental counterparts should be supported to define specific policies for children in situations of vulnerability, especially children from excluded communities; (d) advocacy, especially with the private sector, has a strong multiplying effect on the work of UNICEF; (e) interventions in emergencies should focus on generating capacities at all levels and should be incorporated as an activity within each programmatic component, to avoid parallel structures; (f) communication and awareness-raising aimed at public opinion, the private sector, political sectors and other social actors mobilize actors' responsibility for making child rights effective; (g) UNICEF mobilizes with greater force when it makes alliances with institutions that share a common vision, and is also more politically relevant when it acts jointly with other United Nations agencies; and (h) continuous investment in training needs to reach governmental and non-governmental agencies that work jointly in implementing the country programme.

The country programme, 2006-2010*

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Policies and advocacy for child rights	1 100	2 850	3 950
Development of decentralized capacities for realizing child rights	2 400	13 750	16 150
Cross-sectoral costs	1 000	2 100	3 100
Total	**4 500**	**18 700**	**23 200**

* Figures are only indicative, and may vary once the aggregate financial information is finalized. The estimated budget does not include funds for responding to emergency situations. Budgets for subregional programmes — PROANDES and PRO-AMAZON — are not included. They were approved separately by the Executive Board.

Preparation process

17. The country programme draws on the strengths noted and recommendations from the 2001-2005 Mid-Term Review; the Common Country Assessment, the report *Towards Meeting the Millennium Development Goals for Peru* (2004) and the 2006-2010 United Nations Development Assistance Framework (UNDAF). Also considered were the conclusions and recommendations from the eight national meetings of children and adolescents, organized by the National Commission on the Rights of Children and Adolescents.

18. A participatory and decentralized consultation process was planned by the national Country Programme Coordinating Committee, comprising the following Ministries: Women and Social Development, Education, Health, Economy and Finance, and the Peruvian International Cooperation Agency. Consultations engaging around 300 civil society members and religious, international community and private sector organizations began in November 2004, commencing with a High Level Seminar to establish convergence among national and international priorities in matters relating to children and to identify the concentrations and locations in the country of interventions in favour of child rights. Regional Strategy Meetings were held in three Andean zones (Apurímac, Ayacucho, Cuzco) and one Amazonian area (Condorcanqui) to identify critical issues and priorities with local actors, and to establish possible UNICEF cooperation areas. Thematic consultations were organized around (a) access to quality education; (b) forms of violence that threaten or violate children's rights; (c) the problems faced by nutritional programmes; (d) the national response to the HIV/AIDS epidemic, emphasizing affected children and women; and (e) violence and the rights of children and adolescents in Ayacucho. Meetings also were held with the donors (mainly Belgium, Canada, Finland, Italy, Japan, Spain, Switzerland, the United Kingdom and the United States of America), the United Nations system, including the international financial institutions (IFIs), partners in the Dialogue for Children, and businesses and economic sectors. A consensual strategy was approved at the UNDAF Joint Strategy Meeting on 24 February 2005.

Goals, key results and strategies

19. The aim of the country programme is to achieve the recognition, promotion, realization and protection of the rights of all children, adolescents and women in Peru, including in emergency situations, by a society and State that are democratic and respectful of cultural diversity and that tolerate no social exclusion, discrimination or inequities deriving from geographic, ethnic, cultural, economic, religious and political factors.

20. The interventions of UNICEF will be guided by the strong correlation between the realization of the rights of the poorest, excluded children, especially in the Andean and Amazonian areas, and a series of evolving structural factors. These factors include consolidation of democracy at the national and regional levels; decentralization; the channelling of financial resources for children's issues; and national reconciliation. Through its subprogrammes, the country programme will (a) position the realization of child rights as an indispensable factor for consolidating democratic national institutions; (b) ensure that regional governments develop the capacity to promote child rights; (c) mobilize sources of child-oriented development financing, deriving from the Peruvian treasury, IFIs, the private sector (mainly

mining, tourism and international commerce) and international cooperation; and (d) contribute to national reconciliation by focusing on interventions for children in zones affected by political violence.

21. The central strategy will support comprehensive interventions using an intercultural and rights-based approach. UNICEF will act in cases where the implementation of the rights of children and women is threatened by social exclusion, discrimination and inequity, particularly in rural Andean and Amazonian areas, and in marginalized urban areas. Cross-cutting strategies will include (a) results-based management; (b) the life cycle approach; (c) gender equity; (d) flexibility for responding adequately to emergency situations; (e) information and social communication; (f) the strengthening of the child-protection environments and spaces, including the family, community and school; and (g) child and adolescent participation.

Relation to national priorities and the 2006-2010 UNDAF

22. The UNDAF recognizes the importance and transcendence of the *National Accord* commitments for reducing poverty and implementing child and adolescent rights. UNICEF partners, counterparts and donors agree that the strategic objectives and goals of the *National Accord* closely coincide with the child-related Millennium Development Goals and the 2002-2010 NPACA. In coordination with the United Nations agencies, and using joint programming where applicable, the country programme will contribute to the meeting of these objectives through areas established within the UNDAF.

Relation to international priorities

23. The report *Towards Meeting the Millennium Development Goals in Peru* (2004) analyses the relation between national priorities and the Millennium Development Goals and estimates the possibilities of achieving these targets by 2015. UNICEF will contribute to the effort, using the strategies and subprogrammes defined in this document, all of which are based on the situation analysis, prior consultations and the priorities in the 2006-2009 medium-term strategic plan (MTSP) of UNICEF.

24. The country programme has been designed to contribute to reaching the Millennium Development Goals and to supporting the Government in addressing the final observations of the Committee on the Rights of the Child, formulated on 18 October 1993 (CRC/C/15/Add.8) and 22 February 2000 (CRC/C/15/Add.120). Many of these observations cover political violence, inequity and the social exclusion of children — which in turn are essential elements of the objectives and results sought. UNICEF will be alert to the observations to be made by the Committee in January 2006, after it has considered the most recent report from Peru. In partnership with United Nations agencies and civil society, UNICEF will also monitor the response to observations of the Committee on the Elimination of Discrimination against Women.

Programme components

25. The programme will catalyse the translation of priorities into rights effectiveness, based on a democracy whose benefits reach all children and adolescents. This will be accomplished through two subprogrammes: **Policies and**

advocacy for child rights and **Development of decentralized capacities for realizing child rights**.

Policies and advocacy for child rights

26. This subprogramme will centre around the generation of policies and advocacy for mobilizing resources for children through predominantly national action. Although its results will benefit the children from 26 regions, special efforts will be made in the regions selected for the implementation of the second subprogramme.

27. Implementation will take place under the leadership of the Maximum Authority on Children and Adolescents, jointly with the central Government, the institutions that comprise the *National Accord* and the Dialogue for Children, Congress, the Judiciary, and the International and Regional Financial Institutions as strategic partners for promoting the rights of children. It will be implemented through the mobilization and social surveillance component, described below, including monitoring and evaluation activities.

28. **Mobilization for child rights and social surveillance of public policies.** National and regional public institutions need greater capacity to initiate and follow up on effective public policies prioritizing children. UNICEF will be a catalyst for placing children at the centre of public policies by (a) creating mechanisms for monitoring and evaluating state initiatives and policies on children; (b) leading initiatives to sensitize and train key decision- and public- policymakers to incorporate a vision of child rights; and (c) promoting highly visible initiatives for timely, reliable and independent social surveillance of improvements or slippages in the social indicators related to child rights, as established in the *National Accord*, the NPACA and the Millennium Development Goals. UNICEF will promote the improvement of transparency in government social spending for children and ensure the mobilization and channelling of financial resources for child development through innovative and pertinent social communication strategies. Contributions will be made towards the mobilization of development resources for children, particularly regarding the areas covered in the MTSP. A central role in this subprogramme will be played by partners, including the private sector, acting as an influential mobilizer of resources through its commitment to corporate social responsibility initiatives having a child rights approach.

Development of decentralized capacities for realizing child rights

29. Following the life cycle, this subprogramme will contribute to the development of specific interventions oriented towards the strengthening of decentralized capacities. It will be focused on several Andean and Amazonian regions where inequity and social exclusion are especially accentuated, and where the child rights situation is particularly vulnerable (Amazonas, Apurímac, Ayacucho, Cuzco, Huancavelica, Loreto, Puno). It will be sustained and strengthened by the first subprogramme, with lessons learned and concrete results providing UNICEF with greater authority for its advocacy and resource mobilization.

30. This subprogramme will strengthen the capacity of selected regional governments to respond to the critical issues affecting children in their regions. Each subprogramme component will be implemented under their leadership and involve the participation of national and local authorities, community and religious

organizations, and civil society. The components will seek to generate sustained and effective regional public policies, develop social communication strategies and respond to emergency situations.

31. **Child survival and development.** Given that little progress has been made in child survival and development, and disparities remain marked, UNICEF will increase its support to the Government's efforts to improve progress against the indicators and to consolidate interventions in nutrition, health, hygiene and psychosocial stimulation that are based on providing support to families and communities. This will be accomplished through current policies and programmes in the selected regions. To contribute to the reduction of mother and child mortality, UNICEF, in coordination with the World Health Organization (WHO)/the Pan American Health Organization (PAHO) and the United Nations Population Fund (UNFPA), will intensify interventions in the Andes and Amazon regions, strengthening health services while promoting their greater use through providing education for women and families and using an intercultural approach to mother-child services. UNICEF will also lead the institutionalization of strategies and methodologies of the State and civil society that focus policies and resources on excluded populations. The organization will promote the development of public and private partnerships to prioritize early growth and development and to mobilize political will and resources allowing children to exercise their right to a good start in life. In immunization, with WHO/PAHO, UNICEF will contribute to achieving high coverage in excluded Andean and Amazonian communities, with interventions adapted to the context (one example is the campaign against hepatitis B being implemented to prevent the extinction of the Candoshi and Shapra indigenous communities by the disease). Efforts will also be made to strengthen the cold chain to ensure vaccine conservation and quality. Lastly, UNICEF will contribute to controlling malaria in the Amazon.

32. **Improvement of basic education quality, prioritizing girls.** There is general recognition of a crisis in Peruvian education, and members of the *National Accord* agree on the urgent need to take measures that effectively guarantee access to a quality education for all children and adolescents. Together with other partners, UNICEF will focus its efforts on promoting (a) improved quality teaching, by preparing teachers for the local realities they face; (b) increased social spending in education as a percentage of per capita GDP; and (c) access, non-discrimination and completion of basic education, emphasizing basic knowledge and life skills. Informed by successful experiences, UNICEF will support government efforts to improve education in rural Amazonian and Andean areas, mainly in single-teacher and multi-grade schools, applying as strategies the inclusion of girls, bilingual intercultural education, and the involvement of families and communities in school surveillance. Efforts will also be made to strengthen the network of partners and counterparts raising awareness among the public and education policymakers about the urgent need to improve education quality through the implementation of policies and concrete measures. Together with its counterparts, UNICEF will contribute to developing regional education plans that link with regional development plans and the regional NPACA. Additionally, UNICEF will seek opportunities to work with business sectors to promote corporate social responsibility.

33. **Protection of child rights.** Violence against children is silent and widespread, and the existing response to this violation of children's rights is insufficient. UNICEF will publicize this phenomenon, helping to disseminate knowledge about

its underlying causes, using advocacy and social mobilization adapted to the circumstances of each region. Particular attention will be given to sectoral policies for health, education, gender, social development and justice so that the issue can be prioritized on the public agenda. UNICEF will catalyse the work and the coordination with strategic allies and national networks to promote social surveillance. The organization will also support the strengthening of the State and inter-sectoral response capacity and contribute to improving the functioning of public services for child victims of various forms of violence. Efforts will be made to support an effective system of protection of child rights based on gender equity. UNICEF will also support efforts to (a) improve the understanding of child-rearing patterns in Andean, Amazonian and marginalized urban communities, and (b) to promote the generation of local and regional policies aimed at improving intra-family relations and reducing violence in the home, school and community. Regarding adolescents in conflict with the law, the country programme will support the Government in implementing measures to protect the rights of adolescents by establishing community service as an alternative to their incarceration. With the International Labour Organization (ILO) and civil society, UNICEF will contribute to the eradication of commercial sexual exploitation of children and to the reduction of child labour. Efforts will also be made to promote the protection of child rights and adolescent participation in zones affected by political violence as a way of contributing to a culture of peace.

34. **HIV/AIDS and children.** Actions for the prevention, diagnosis, treatment of cases, and for the protection of women, newborns, children and adolescents, are weak and of low coverage. UNICEF, as part of the United Nations Thematic Group on HIV/AIDS, will contribute to the national response, helping to strengthen actions in priority urban, rural and indigenous areas. Specifically, through a comprehensive and cross-sectoral approach, the organization will help to strengthen and promote universal access to HIV counselling and testing services for adolescents and pregnant women, and their partners. The organization will also contribute to improving access to programmes for the prevention of vertical, mother-to-child transmission of HIV and to integral care programmes for children and women diagnosed with HIV/AIDS. For adolescents, UNICEF will help to promote their access to information, life skills, counselling and HIV testing as a child right and a preventive strategy. Efforts will be made to help to prevent discrimination against children and adolescents living with HIV/AIDS, especially in schools and communities. Also promoted will be the development of policies, legislation and a system of protection, care and support for children living with or orphaned by HIV/AIDS, or living with families affected by the disease, with attention given to improving children's access to basic social services.

Cross-sectoral costs

35. These will include costs related to technical assistance in support of the subprogrammes and components, and a portion of operating costs related to programme implementation, monitoring and evaluation. Regular resources will be used for financing technical assistance and operating costs. A portion of operating and technical costs will be financed with other resources.

Major partners

36. The main actor will be the central Government. UNICEF will also coordinate with Congress and the Judiciary. At the decentralized level, implementation will be accomplished by regional governments and local authorities. UNICEF will maintain the Dialogue for Children — a network of allies for children, including civil society, the private sector, national and international non-governmental organizations and the State. Inter-agency cooperation will be accomplished through the UNDAF, in association with the United Nations Development Programme, WHO/PAHO, UNFPA, UNAIDS, ILO, the United Nations Educational, Scientific and Cultural Organization, the World Food Programme and others. Technical exchange with IFIs will be maintained for the financing of scaling-up. The private sector will continue to be a strategic ally for promoting child rights. The country programme will aim to maintain successful working relations with the country's main donor countries, particularly members of the European Union, the European Commission, Canada, Japan, Switzerland and the United States of America.

Monitoring, evaluation and programme management

37. The Integrated Monitoring and Evaluation Plan (IMEP) will be prepared jointly with the Country Programme Action Plan, and will be closely tied in with the UNDAF monitoring and evaluation system. Special attention will be paid to evaluating regional and local-level achievements. The IMEP will include research, studies, evaluations and basic indicators. *DevInfo* will play a fundamental role, having been adopted in 2005 as the system for monitoring the Millennium Development Goals and UNDAF progress indicators, under the United Nations country team leadership. UNICEF will support the implementation of the UNDAF mid-term review, carrying out the review in 2008 together with counterparts. This review will take into account the observations made to Peru by the Committee on the Rights of the Child. Specific monitoring and evaluation activities will continue to include the preparation of annual plans, field visits, progress reports and annual reviews.

38. The Country Programme National Coordination Committee, responsible for consultations on, approvals for and the monitoring of the country programme, will meet at least four times a year. The Committee comprises high-level representatives from each of the Ministries that are UNICEF counterparts.

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Draft country programme document**

Cambodia

Summary

The Executive Director presents the draft country programme document for Cambodia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $23,550,000 from regular resources, subject to the availability of funds, and $68,970,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data[a] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	7.0
U5MR (per 1,000 live births)	140
Underweight (%, moderate and severe, 2000)	45
Maternal mortality ratio (per 100,000 live births, 1994-2000)	440
Primary school attendance/enrolment (%, net, male/female, 2000, 2003-2004)	66/65,[a] 92/89
Primary school children reaching grade 5 (%, 2000-2001)	70[b]
Use of improved drinking water sources (%, 2002)	34
Adult HIV prevalence rate (%, 15-49 year-olds, end 2003)	1.9
Child work (%, children 5-14 year-olds)	—
GNI per capita (US$)	310
One-year-olds fully immunized against DPT3 (%)	69
One-year-olds immunized against measles (%)	65

[a] More comprehensive country data on children and women are available at www.unicef.org.
[a] Demographic Health Survey 2000 attendance data.
[b] UNESCO Institute for Statistics.

The situation of children and women

1. Considerable progress has been made for children and women in Cambodia over the last decade, but their situation still remains precarious.

2. **Survival**. In 2000, Cambodia had the highest infant mortality rate (IMR) and under-five mortality rate (U5MR) in the East Asia and Pacific Region, with no obvious decline in either rate for more than 10 years. The IMR among families in the poorest economic quintile (110 per 1,000 live births) was more than twice that of those in the richest quintile (50 per 1,000 live births). The status of key indicators of child survival remains unsatisfactory, with antenatal care attendance at 33 per cent, and routine measles immunization at 65 per cent in 2003; 11 per cent exclusive breastfeeding for six months in 2000; and safe water supply at 34 per cent and sanitation at 16 per cent in 2002. The prevalence of HIV in the 15-49 age group was reduced from 3 per cent in 1997 to 1.9 per cent in 2003 but is still among the highest in Asia. Several social groups are particularly vulnerable to HIV infection, including 250,000 young women working in Cambodia's garment industry.

3. **Development**. The percentage of children under five who were underweight was 45 in 2000, as was the percentage of those stunted — the highest in the region. Anaemia affected 63 per cent of children aged 6 to 59 months, and 58 per cent of women aged 15 to 49 (2000). The production of iodized salt increased from 20 per cent of the estimated national requirement in 2003 to more than 100 per cent in 2004. Primary school enrolment rates have improved substantially and show diminishing gender disparity. However, retention is low, partly because there are few opportunities for early childhood development, and education quality is poor. In secondary education, only around 20 per cent of girls and 23 per cent of boys of eligible age are enrolled.

4. **Protection**. Reported casualties from landmines and unexploded ordnance (UXO) decreased from 4,318 in 1996 to 891 in 2004. However, there remain other serious child protection issues, including trafficking and sexual exploitation, children without primary caregivers, children in conflict with the law, and accidents and injuries. Mortality from AIDS increased the estimated number of orphaned children from 560,000 in 1990 to 670,000 in 2003, a figure that represents 9 per cent of the child population. Only 22 per cent of births were registered in 2000, but systems are being strengthened.

5. **Participation**. There are good examples of children expressing their views and opinions through surveys, representation at international/national conferences, youth television programmes and child-to-child peer education on HIV/AIDS. However, much remains to be done before children can genuinely participate in decisions that affect their lives.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

6. Implementation of the 2003 mid-term review (MTR) recommendations transformed the Seth Koma (Community Action for Child Rights) programme from a nutrition-based community development programme to one that facilitates the addressing of priority issues for children and women by the newly elected Commune Councils. This new approach has already resulted in the training of more than 850 Commune Council members in 130 communes to include actions for children and women in annual Commune Development Plans.

7. The delivery of selected basic health services has expanded, reducing the incidence of some diseases. Measles cases were reduced by 95 per cent between 2000 and 2003 as a result of intensive immunization campaigns. Polio-free status has been maintained since 1997. Vitamin A coverage increased from 57 per cent in 2000 to 70 per cent in 2004. The number of health centres providing a minimum package of primary care increased from 386 in 1998 to 823 in 2003. Since 2003, UNICEF, together with the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and other partners, helped the Government to develop the sector-wide management of health services.

8. The introduction of legislation on iodized salt in 2003 and the formation of a salt producers association in 2004 led to a rapid increase in the production of iodized salt. The full national requirement was produced in 2004, paving the way for universal salt iodization by the end of 2005.

9. UNICEF actively participated in the development and management of the education sector-wide approach (SWAp) starting in 2001, both through its own programme activities and by facilitating SWAp coordination between the Government and donors. The net primary enrolment rate increased from 84.2 per cent for girls, and 89.8 per cent for boys, in the academic year 2001/2002, to 88.6 per cent and 91.5 per cent, respectively, in 2003/2004.

10. Support has been provided to the Government to enforce legislation against the trafficking and sexual exploitation of children. UNICEF helped the national police

to establish an Anti-Human Trafficking and Juvenile Protection Department in 2002, supported the capacity development of police officers and legal professionals and helped to generate national and international awareness about the issue. From 2001 to 2004, 1,884 cases of sexual exploitation and trafficking were reported and 1,099 offenders arrested. Annual arrests increased from 82 in 2001 to 401 in 2004. UNICEF supported landmine and UXO education as well as monitoring and assistance for victims, and contributed to the substantial reduction in landmine/UXO casualties mentioned above.

11. UNICEF assisted the Government in scaling up services to provide voluntary and confidential counselling and testing (VCCT) and prevention of mother-to-child transmission (PMTCT) of HIV. As a result, VCCT services are now provided by 80 per cent of national, and 75 per cent of provincial, hospitals in 2005, compared with 75 per cent and 15 per cent in 2001. PMTCT services are being expanded and are now available in 25 per cent of all national and provincial hospitals. UNICEF also worked with the Government and non-governmental organizations (NGOs) to scale up community-based care for people affected by HIV/AIDS.

12. UNICEF engaged with a wide range of media partners to induce positive behaviour change for better survival, development, protection and participation of children and women, helping to produce over 80 television and radio spots. UNICEF also collaborated closely with the BBC World Service Trust to produce 60 television spots, 60 radio spots and 60 episodes of a television drama encouraging HIV/AIDS prevention and maternal and child health care.

Lessons learned

13. Evaluation of growth monitoring and promotion conducted under the *Seth Koma* programme showed that the health activity had made little impact over the last decade. It was therefore decided during the MTR in 2003 to shift the focus of the programme to mobilizing local governments to take concrete actions for children in collaboration with the providers of existing "mainstream" social services. Malnutrition will be addressed through other interventions, such as the promotion of exclusive breastfeeding, improvement of maternal nutrition and prophylaxis for micronutrient deficiency.

14. Despite a notable reduction in the incidence of diseases such as measles and neonatal tetanus, overall IMR and U5MR have not fallen, mainly because of the prevalence of other major childhood diseases, such as diarrhoea and acute respiratory infections. These diseases will be intensively addressed under the Child Survival Partnership launched in 2004.

15. UNICEF introduced the concept of "child-friendly schools" in selected schools in six priority provinces, and valuable experience and lessons were obtained. One is that a "provincial model" is needed to expand this concept to scale, working with a whole province rather than individual schools.

16. There has been a substantial increase in the international attention paid to major child protection issues in Cambodia, which has helped to highlight and facilitate national action. Action includes an inter-country adoption law, the progress on which was greatly facilitated after embassies of concerned countries placed a moratorium on inter-country adoption from Cambodia until proper legislation is introduced.

The country programme, 2006-2010

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
Seth Koma	4 800	11 500	16 300
Child survival	5 900	12 220	18 120
Expanded basic education	2 200	23 500	25 700
Child protection	1 700	13 900	15 600
HIV/AIDS prevention and care	2 200	7 200	9 400
Advocacy and social mobilization	1 700	650	2 350
Cross-sectoral costs	5 050	—	5 050
Total	**23 550**	**68 970**	**92 520**

Preparation process

17. During 2004, a country programme evaluation and a situation analysis were conducted. In June 2004, the Government launched the Child Survival Partnership, and the subsequent planning for and identification of low-cost, high-impact interventions to reduce child mortality provided valuable inputs to the child survival component of the new country programme. In September 2004, following initial discussion with the Ministry of Planning, sectoral consultations were held with the concerned Government Ministries and partners. In October, the United Nations country team (UNCT) drafted the United Nations Development Assistance Framework (UNDAF), which is closely aligned with the new country programme. A multisectoral team from the UNICEF regional office provided valuable inputs to the country programme, into which the organizational priorities of the 2006-2009 medium-term strategic plan (MTSP) of UNICEF were incorporated.

18. Observations and recommendations of the Committee on the Rights of the Child on the Initial Report of Cambodia (CRC/C/15/Add.128, dated 28 June 2000) were also carefully reviewed and applied. They include systematic capacity-building of key duty bearers on child rights; promotion of the rights to survival and development; achievement of universal primary education (UPE); the addressing of key issues on child protection (e.g., trafficking and sexual exploitation, legal protection, children without primary caregivers, childhood disabilities); support for children affected or infected by HIV/AIDS; and child rights advocacy, information and monitoring.

Goals, key results and strategies

19. The overall goal of the country programme of cooperation 2006-2010 is to support Cambodia in promoting and ensuring the full realization of child rights. Outlined below are the key results expected to be achieved by 2010 with counterparts and partners.

20. In the six priority provinces applying the *Seth Koma* programme, simple and measurable actions for children and women will be taken in 75 per cent of

communes, in collaboration with sectoral ministries, provincial governments and the Commune Councils, to ensure that (a) 60 per cent of births are registered; (b) 90 per cent of children under one year of age receive complete immunization; (c) 50 per cent of children aged three to five years attend early child development programmes either at home, in the community or at school; (d) 95 per cent of children enter grade 1 at the age of six; (e) 96 per cent of children aged 6-11 are enrolled in primary schools; (f) 55 per cent of households use safe drinking water and 25 per cent use improved sanitation; (g) the proportion of schools having access to safe drinking water and improved sanitation is increased by 50 per cent and 25 per cent, respectively; and (h) 50 per cent of families living in high-risk areas are informed of arsenic contamination, and 30 per cent of them use household arsenic mitigation systems.

21. In six priority provinces supported under the child survival programme, several expected results will contribute to the achievement of the Cambodian Millennium Development Goals, specifically, Goal 1 (eradicate extreme poverty and hunger), Goal 4 (reduce child mortality) and Goal 5 (improve maternal health), and will also contribute to the Health Sector Strategic Plan (2003-2007). One set of results will be to achieve coverage of 90 per cent for these outcomes: (a) infants are given colostrum within one hour after delivery, exclusively breastfed for six months, and provided appropriate complementary food thereafter; (b) children under one year of age are immunized against seven vaccine-preventable diseases; (c) children under five years of age are protected from vitamin A, iron and iodine deficiencies; (d) children under five years of age are protected from intestinal worms; (e) children under five years of age with severe diarrhoea receive oral rehydration therapy; (f) children under five years of age with acute respiratory infections are properly cared for at home and through formal health care services; (g) families in malaria-endemic areas sleep under insecticide-treated bed nets; (h) households consume iodized salt produced through commercially viable iodized salt production; (i) pregnant women receive 120 iron folate tablets before and after delivery; (j) mothers in the post-partum period receive vitamin A supplementation within eight weeks of delivery; (k) pregnant women and women of child-bearing age are immunized with tetanus toxoid; and (l) women of child-bearing age are provided weekly iron folate supplementation; and in addition, that (m) 80 per cent of communes have a transport system for emergency referral to the nearest emergency obstetric care services; and (n) 70 per cent of couples planning to get married are provided with the "wedding gift" package consisting of iron folate tablets, an insecticide-treated bed net (in malaria-endemic areas), and Information, Education and Communication (IEC) materials on primary health care and VCCT.

22. At the national level and in six priority provinces implementing the expanded basic education programme, the following expected results will contribute to the achievement of Cambodian Millennium Development Goal 2 (universal nine-year basic education) and the Education Strategic Plan 2004-2008, in a context of gender equality: (a) enhanced national capacity to manage the education SWAp, accompanied by a gradual decrease of external technical assistance, resulting in tangible improvement in the access to and quality of basic education, in line with the goals set in the Education Strategic Plan; (b) 50 per cent of children aged three to five years attend early child development programmes organized either at home, in the community or at school; (c) 95 per cent of children enter grade 1 at the age of six; (d) 96 per cent of children aged 6-11 are enrolled in primary schools;

(e) repetition and dropout rates at grade 1 are reduced by 50 per cent compared with 2005 levels; and (f) 75 per cent of children complete six years of primary education and achieve 70 per cent of established learning standards.

23. The child protection programme will help achieve the following results to contribute to meeting the targets of the Millennium Declaration on "Protecting the vulnerable" and Cambodia's unique ninth Millennium Development Goal (demining, UXO and victim assistance): (a) the National Plan of Action against Trafficking and Sexual Exploitation of Children 2005-2009 is fully implemented, with regular monitoring, review and follow-up; (b) 80 per cent of reported cases of sexual abuse and exploitation receive attention and follow-up; (c) the National Policy and minimum standards on alternative care for children without primary caregivers are fully implemented, with regular monitoring, review and follow-up; (d) 35 per cent of children in institutional care are transferred to family/community-based care arrangements; (e) appropriate mechanisms for inter-country adoption are established based on the Inter-Country Adoption Law; (f) a functioning child-friendly justice system is established nationwide in line with the Convention on the Rights of the Child and other relevant international standards, and alternatives to imprisonment are piloted in three provinces; (g) a nationwide data collection and monitoring mechanism on accidents and injuries is established, and the incidence of accidents and injuries of children is reduced by 35 per cent compared with the 2006 level; (h) casualties from landmines/UXO are reduced by 50 per cent compared with 2005 levels; and (i) 60 per cent of landmine/UXO victims are assisted with rehabilitation and reintegration into society.

24. The following expected results will contribute to the achievement of Cambodian Millennium Development Goal 6 (combat HIV/AIDS, malaria and other diseases): (a) 90 per cent of garment factory workers receive key information on HIV/AIDS and access to appropriate services; (b) in six priority provinces supported by UNICEF, 70 per cent of children in primary schools receive key information on HIV/AIDS through life skills education; (c) 50 per cent of the youth aged 15-24 have access to key information on HIV/AIDS through life skills education, peer education, vocational training, telephone hotlines and other relevant programmes and services; (d) all government health care facilities at the national, provincial and district levels provide VCCT services; (e) all referral hospitals and 50 per cent of health centres provide PMTCT services; (f) 70 per cent of the clients of PMTCT services receive information through couples counselling; (g) all HIV-positive infants, children and women have access to antiretroviral (ARV) therapy and treatment of opportunistic infections; and (h) community/family/kinship-based care models for families and children affected by HIV/AIDS are initiated in 70 per cent of all provinces.

25. All programmes will increase opportunities for the participation of children and young people, as a way of promoting their right to express their views and be involved in decisions affecting their lives.

26. The following are the strategic priorities of the country programme:

(a) **Primacy of child survival**. While continuing to promote the survival, development, protection and participation of children, the country programme will accord topmost priority to ensuring child survival. The reduction of unacceptably and persistently high infant and child mortality rates will be pursued under the child survival and other programmes.

(b) **Contribution to a decentralization and deconcentration** (transfer of administrative powers, and sometimes personnel, from higher to lower levels of government). UNICEF will help to clarify and strengthen mutual accountability for children among social service providers, locally elected representatives (Commune Council members) and communities by pursuing simple and measurable actions for children. For this purpose, UNICEF will continue to work closely with the *Seila* programme — a nationwide government initiative to facilitate decentralization and deconcentration, supported by the United Nations Development Programme (UNDP) and other donors.

(c) **Human rights-based approach to programming**. The above-mentioned actions will help to clarify and reinforce the relationship of accountability between duty bearers and rights holders and to strengthen their capacities. Consideration will be given to disparities and the situation of disadvantaged and socially excluded groups through measures such as the promotion of access by the poor to essential health services; a strong emphasis placed on girls' access to education; actions for various categories of children in need of protection, including orphaned and vulnerable children; actions for children infected or affected by HIV/AIDS; and the promotion of health for seriously disadvantaged ethnic minorities.

(d) **Results-based programming**. Results and evidence-based programming will be strengthened by a clear defining of the expected results, systematic monitoring and the use of results to positively influence government policies, decisions and public opinion. Monitoring, evaluation and knowledge-generation will form the core of this strategy.

(e) **Two-tier interventions**. UNICEF will continue a two-tier system of national- and provincial-level interventions. At the national level, UNICEF will support capacity-building of counterparts; formulation of policies, legislation and regulatory frameworks; and advocacy with high-level decision makers and the public. In six priority provinces, UNICEF will support capacity-building of counterparts; intensive implementation of policies, legislation and regulatory frameworks; delivery of selected social services; social mobilization; decentralized planning; and trials of innovative models. This two-tier system encourages an iterative process: the implementation of national policies, legislation and regulatory frameworks with particular intensity in six priority provinces in turn informs and encourages revision of national policies and programmes.

(f) **Building on progress made**. This country programme will build on progress made during 2001-2005 and continue with established programme priorities, with changes made in emphasis and project focus based on the new MTSP, situation analysis, country programme evaluation and programme experience. The programme will continue to be implemented nationally and in six established priority provinces so that existing investments are fully exploited and tangible results contribute to the achievement of Cambodia's Millennium Development Goals.

Relationship to national priorities and the UNDAF

27. In concert with the UNCT, the Government and other major donors, UNICEF will contribute to the formulation of a National Strategic Development Plan (NSDP) 2006-2010, which will serve as the Government's medium-term plan to achieve the Cambodian Millennium Development Goals. The country programme details the

contribution of UNICEF to the UNDAF, which in turn describes the contributions of the United Nations to the achievement of goals to be set in the NSDP.

28. UNICEF will contribute to the four strategic results areas of the 2006-2010 UNDAF in the following ways:

(a) **Governance and human rights** involves support to Commune Councils to initiate simple and measurable actions for children and women; the formulation and implementation of legislation and regulatory frameworks for the protection and promotion of child rights and related monitoring and information dissemination; and promotion of the human rights-based approach to programming.

(b) **Agriculture and rural poverty** involves promotion of better health, nutrition and education of the rural population as the basis for poverty alleviation; the prevention and victim assistance efforts related to landmine/UXO; and disaster preparedness and response.

(c) **Capacity-building and human resource development for social sectors** entails improving basic education access, retention and quality; key interventions for child survival; a multisectoral response for HIV/AIDS prevention and care; improved gender-responsiveness of social services; and actions to end violence against children and women.

(d) **Formulation of the National Strategic Development Plan** entails support for the development, implementation and monitoring of the NSDP by UNICEF as a member of the UNCT; and support for the use of *CamInfo* (*DevInfo* technology) to monitor progress towards goals.

Relationship to international priorities

29. This country programme will contribute to the achievement of the Millennium Development Goals of eradicating extreme poverty and hunger; universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other diseases; and ensuring environmental sustainability. The programme will also contribute to the goal of "Protecting the vulnerable" in the Millennium Declaration and the goals of *A World Fit for Children* by promoting healthy lives, providing quality education, supporting protection against abuse, exploitation and violence, and combating HIV/AIDS. The programme is consistent with the proposed 2006-2009 MTSP priorities.

Programme components

30. The ***Seth Koma*** programme will contribute to the realization of child rights by working closely with Commune Councils, provincial administrations and service providers in six priority provinces. The programme has two projects. The *local governance for child rights* project will facilitate collaboration among provincial administrators, Commune Council members and local social service providers (schools and health centres) to promote behaviour change in communities and improve the delivery of basic social services for children and women. The *water and environmental sanitation* project will increase access to safe drinking water and environmental sanitation in rural areas, thereby improving child survival.

31. The **child survival** programme will improve access to and utilization of key low-cost, life-saving interventions with proven effectiveness for enhancing child survival. The programme consists of three projects. The *promoting child survival* project will contribute to the substantial national expansion of key child survival interventions (relating to immunization, diarrhoeal diseases, acute respiratory infections, malaria prevention). The *improving maternal health and newborn care* project will promote access nationally to antenatal care provided by skilled health personnel; iron supplementation; immunization with tetanus toxoid; promotion of clean delivery and referral for emergency obstetric care; knowledge and skills for exclusive breastfeeding and vitamin A supplementation for lactating women. The *health behaviour-change communication* project will promote key health and nutrition practices for child survival and development by strengthening the capacity of national, provincial and district health communication staff to induce positive behavioural changes. Though national in scope, the project will provide intensive support to six priority provinces.

32. The **expanded basic education** programme will enable national counterparts to independently manage the SWAp at the national level. It will also provide intensive support to six priority provinces to achieve UPE. Coverage of early childhood development will be substantially increased in homes, communities and schools to facilitate psychosocial development and timely entry into primary school and retention thereafter. The programme consists of three projects. The *capacity-building for sector-wide education reform and decentralization* project will assist national and provincial counterparts to effectively manage the SWAp, decreasing reliance on external technical assistance. The *improving equitable access and quality of basic education* project will improve the quality of education in primary schools in six priority provinces and in primary teacher training colleges nationwide. The project will promote child-friendly teaching and learning methods through both pre-service and in-service teacher training, providing a regular teacher-support mechanism through the cluster school system and the promotion of skills-based health and hygiene promotion. The *expanded learning opportunities for disadvantaged children and youth* project addresses the specific needs of disadvantaged children without access to formal pre-schools or basic education by supporting community or home-based pre-schools, a school readiness programme at the beginning of grade 1, life skills education for in- and out-of-school youth, multi-grade teaching and bilingual education for hard-to-reach and ethnic minority areas, and the development of an inclusive education policy.

33. The **child protection** programme will help raise national awareness, understanding and capacity to protect children at risk. The programme consists of three projects. The *social protection* project will support actions to protect, care, rescue and rehabilitate children without primary caregivers and children subject to violence, abuse, trafficking and sexual exploitation. The *legal protection* project will strengthen legislation to protect the rights of children in need of protection and will enhance government capacity and develop systems to enforce legislation, particularly with regard to trafficking, sexual exploitation and abuse; alternative care, including inter-country adoption; children in conflict with the law; and birth registration. The *accidents, injuries and disabilities* project will support actions to prevent, care for and rehabilitate children affected by landmines and UXO as well as by other accidents, injuries and disabilities.

34. The **HIV/AIDS prevention and care** programme, contributing to both prevention and care, consists of three projects. *HIV and life skills* will help to prevent HIV/AIDS through the promotion of social communication and life skills education. The *VCCT, PMTCT and the continuum of care* project will contribute to providing wider access to VCCT, PMTCT and care services, including ARV treatment and treatment of opportunistic infections, focusing on mothers, infants and children. The *children affected by HIV/AIDS* project will support family- and community-based approaches to protecting and caring for families and children affected by HIV/AIDS.

35. The **advocacy and social mobilization** programme will help increase awareness of and action on child rights at all levels of society and to build the capacity of communities and families to provide for the improved survival, development, protection and participation of children. The *behaviour-change communication* project will facilitate the adoption of positive behaviours through the use of mass media, social marketing and interpersonal communication. The *advocacy and mobilization for rights and goals* project will promote positive action for ensuring child rights through targeted advocacy and social mobilization.

36. **Cross-sectoral support** will provide the means for coordinating the entire country programme and its planning, monitoring and evaluation and operational support where necessary.

Major partnerships

37. This country programme has been designed in close partnership with the United Nations Executive Committee agencies and in close consultation with the UNCT. As a member of the UNCT, UNICEF will continue to cooperate in the "quadripartite" arrangement with the World Bank, the Asian Development Bank and the United Kingdom Department for International Development (DFID) to coordinate and harmonize development efforts with the Government while reducing transaction costs.

38. For decentralization and deconcentration, the national *Seila* programme supported by UNDP and other donors will continue to be the main partner. UNICEF will also continue to work closely with WHO, UNFPA, the United States Agency for International Development, Japan, the European Commission Humanitarian Office, the Canadian International Development Agency and other partners to implement the Child Survival Partnership. UNICEF will develop its existing partnership with the BBC World Service Trust and local media to introduce a major capacity-building effort with the Ministry of Health on behaviour change communication to improve child survival, with support from the European Commission. Existing partnerships with Australia will be developed to include drinking water. In education, the strong partnership with the Swedish International Development Cooperation Agency will continue.

39. In coordination with other partners and as part of the contribution of UNICEF to the Joint United Nations Programme on HIV/AIDS, UNICEF will contribute to the planning, implementation and monitoring of the funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The aim is to ensure that the substantial funds available are appropriately applied, particularly in support of women and children, including orphans affected by HIV/AIDS. UNICEF will coordinate with DFID on direct support to orphans affected by HIV/AIDS and will work with

CARE, the International Labour Organization and other partners to ensure widespread awareness of the risk of HIV infection among young female garment-factory workers.

40. Long-established partnerships will continue with other United Nations agencies (e.g., the United Nations Scientific, Cultural and Educational Organization in the education SWAp, WHO in child survival, and the World Food Programme in the school feeding programme), bilateral agencies and NGOs.

Monitoring, evaluation and programme management

41. The Ministry of Planning is the focal point for coordination of the Programme of Cooperation between the Royal Government of Cambodia and UNICEF. The concerned line Ministries and NGOs will plan and implement the programmes and projects. A five-year country programme action plan will be developed jointly to operationalize the programme of cooperation. Annual project plans of action will be developed based on the objectives of the programme of cooperation and on recommendations from annual reviews. The annual review of 2008 will be an MTR to consider relevant course corrections in the programme and to suggest future cooperation.

42. An integrated monitoring and evaluation plan for 2006-2010, supported by annual monitoring and evaluation plans, will be developed. Requirements for research, studies, surveys and evaluations will be identified according to programme objectives and indicators. Emphasis will be placed on strategically using evidence to influence national discussions and decisions to better realize child rights. UNICEF will contribute to strengthening national capacity for monitoring the poverty-related indicators included in the existing sectoral plans and the forthcoming National Strategic Development Plan 2006-2010 through further operationalization of *CamInfo*.

43. Within UNICEF, the programme will be coordinated by the country office in Phnom Penh, with teams of field-based staff located in six priority provinces.